



PROFESSIONAL ADMINISTRATION LICENSE
(Recommendation for Advancement)

Last Name	First Name	Middle/Maiden	Teacher Number	
Social Security Number		Telephone Number	Date of Birth	* Sex * Race
Street/P.O. Box		City	State	Zip Code

____ **Name/Address Change**

(provide a notarized copy of the marriage license, divorce decree, or court order that has generated the legal change of name.)

OPTIONAL *Statistical Information Only

Answer, sign and date the following question:

Since your license was last issued or renewed have you been convicted of a felony (including a plea of nolo contendere), used narcotics or intoxicants improperly, been convicted of possessing narcotics, falsified documentation required for licensure, or altered your license or certificate? ____ YES ____ NO

All information enclosed with this packet is correct. I understand that the penalty for falsifying information to obtain a license is revocation of that license. **Signature** _____ **Date** _____

Beginning Administrator License Held (check one)

____ Standard - A Endorsement Code 480

____ Internship - B Endorsement Code 481

COMPLETE APPROPRIATE PORTION OF THIS FORM.

PART 1 STANDARD PROGRAM - A (BAL/480)

To be completed by local superintendent and higher education institution.

I verify that the above applicant has completed all requirements (including the Professional Development Plan) for advancement to the Professional Administrator License.

____ Yes ____ No

Superintendent/Director Signature

Institution Signature

Typed Name

Typed Name and Title

School System

College/University

Date

Date

Experience accrued under Beginning Administrator License

FROM ____ MONTH ____ DAY ____ YEAR **TO** ____ MONTH ____ DAY ____ YEAR

PART II INTERNSHIP PROGRAM - B (BAL/481)

To be completed by local superintendent.

I verify that the above applicant has completed all requirements (including the Professional Development Plan) for advancement to the Professional Administrator License.

____ Yes ____ No

Superintendent/Director Signature

School System

Typed Name

Date

Experience accrued under Beginning Administrator License

FROM ____ MONTH ____ DAY ____ YEAR **TO** ____ MONTH ____ DAY ____ YEAR